View thru this ring is unobstructed as is the view around it. The disc is sharply outlined and oval at 105°.

There is no demonstrable lesion of the fundus except a small, irregularly oval area of chorioretinitis, a little below and somewhat to the temporal side of the fovea. The margins of this area are well defined, within which are seen choroidal and retinal disturbance with atrophic change and pigment heaps.

Visual field for this eye gives a small absolute scotoma corresponding to this area of fundus change. (Fig. 1.)

Blood and spinal Wassermann reactions are negative and urinalysis is normal.

O. S.—Examination of this eye is negative with no demonstrable lesion.

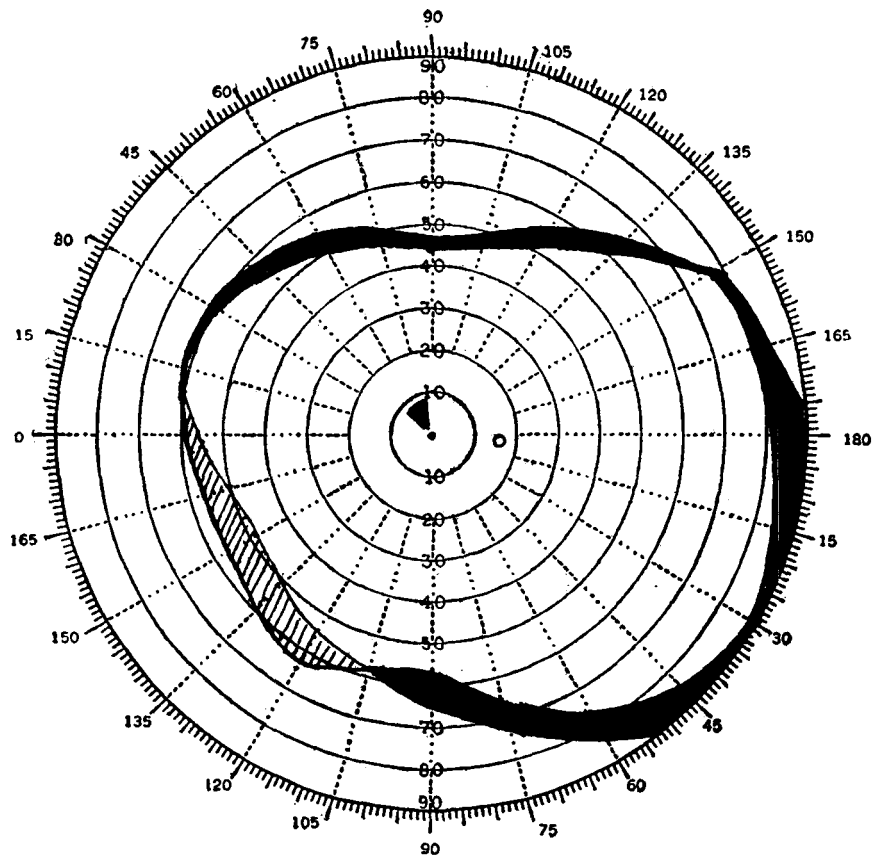

Fig. 1. Field of vision for right eye, showing small scotoma near fixation point.

TOTAL COLOBOMA OF THE IRIS.

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The term aniridia is usually applied to apparent complete absence of the iris. In such cases as have been reported in literature, where postmortem examinations have been obtained, it has been found that tags or remnants of iris tissue are present, even in those cases where it had not been detected clinically. Most of the cases reported as aniridia have been incomplete, and the term incomplete aniridia would be more properly applied.

I wish to report a case of complete bilateral aniridia of a male child, fourteen months of age. The child was

brought to the office on May 12, 1922, the mother stating that "since birth her child's eyes did not seem quite right."

Examination in this case showed a clinically complete coloboma of the iris, associated with normal fundus and media, in either eye. At the age of fourteen months, exact vision is problematic. However, with such tests as could be applied, the vision appeared quite good. A large percentage of these rare cases of complete coloboma are associated with nystagmus, strabismus, and often with such associated anomalies as conical cornea, opacities of the cornea and lens, vitreous opacities, atrophic choroidal spots, and detached retina. In this case there were no associated anomalies, and the ophthalmoscope did not indicate any refractive error of moment.

The etiology of aniridia is theoretic. Altho more than fifteen theories, urged by as many good authors, have not been proven, there is no doubt of its being a congenital defect of development, and not a destruction due to intrauterine inflammation. On making a study of case reports, a striking family tendency, as in the case of all congenital anomalies of the eye, is found, as, for example: De Beck found seven cases of aniridia (complete and incomplete) and two colobomata, in three generations; Gutbier found ten cases in four generations; Galezowski thirty-one cases in three generations; Mohr, a mother with complete, and two sons with partial; Gutfreund, a father and daughter with complete aniridia; Hamilton, a father and three sons; Despagnet, thirty-one members in one family. Excluding these just mentioned, there are a number recorded in the literature which for convenience are classified as follows: direct hereditary, 18 mothers to 31 children, 10 fathers to 19 children, and 7 showing collateral heredity. In my case, a careful survey of the family history did not reveal any eye anomalies.